

PARALEGAL TRAINING

Monday, October 8, 2007

Holiday Inn Select – Airport

TOPICS THAT WILL BE COVERED:

- *Top 10 techniques of effective paralegal*
- *What attorneys expect from paralegals and how to work with “difficult” Lawyers*
- *Q & A: Bring us your questions, we’ve got answers*
- *Mental Health/Medical Records (including HIPPA)*
- *Preparing Documents*
- *Do’s & Don’ts When Investigating a Case; Communicating with Prosecutors, Clients, Police, Court Staff*
- *Motions & Jury Instructions*
- *How to Spot Legal Issues & Updates on Criminal Law/Procedure*

• CONTINUING LEGAL CREDITS •

6 hours of credits applied for through NFPA & NALA, including 1 hour of ethics

• DATE • PRICE • PLACE •

Time: 9:00 a.m. to 5:00 p.m. (lunch and breaks will be provided)

Fees: Paralegals or Non-attorney: **\$65 by September 24; after September 24 -\$80; at the door-\$95**

Deadline for cancellation refund is October 1.

**Place: Holiday Inn Select - Airport
2501 S. High School Road
Indianapolis, IN 46241
(317)244-6861**

- ☐ The guaranteed room rate is \$93.00/king. You need to reserve your room by **5:00 p.m. on Monday, September 10 at 317-244-6861.**
- ☐ This special room rate is for **Sunday (10/7) only.**
- ☐ Please inform the reservationist that you are with the **Public Defender Council** when making your reservation.
- ☐ If you have problems, contact Teresa Campbell or JoAnn Pickett at (317) 232-2490.
- ☐ **Cut-off date for pre-registration is noon on Thursday, October 4.**
- ☐ Check the website for up-to-date information. www.state.in.us/pdc/general/calendar.html
- ✓ **No registering over the phone. Mail or fax only. Visa and MasterCard are accepted. If dark paper please photocopy before faxing.**

Paralegal Training

Please cut here and return bottom portion with payment

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Name: _____

Business Phone: _____ Fax: _____

Address, City, State, Zip: _____

Email address: _____ Are you a vegetarian? __ Yes __ No

Any special diet or disabilities? _____

(If licensed in another state): # _____ State: _____

Credit Card VISA OR MC _____ Expiration Date _____ CV Code _____

Billing Address _____

☐ **I certify that I am a criminal defense paralegal.** _____

Signature

How long have you been practicing criminal law? _____

Mail this form to:

Indiana Public Defender Council
ATTN: PAR REGISTRAR
309 W. Washington, Ste. 401
Indianapolis, IN 46204-2725
Or Fax to: (317) 232-5524